

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

08/945805

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY  
TYPE ☐

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	23 minus 20 =	* 3
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEE
	395.00
x\$11=	
x41=	
+135=	
TOTAL	

RATE	FEE
	930
	790.00
x\$22=	66
x82=	82
+270=	270
TOTAL	1348

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 6	Minus	** 23
Independent	* 1	Minus	*** 4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL	
ADDITIONAL FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL	
ADDITIONAL FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL	
ADDITIONAL FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: _____		2 Serial/Patent # <u>08/945805</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$
<input checked="" type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input checked="" type="checkbox"/>	Other <u>Dep Ch.</u>	<u>1</u>	<u>12/10/97</u>	\$ <u>66</u>
		7 TOTAL AMOUNT OF REFUND		\$ <u>66</u>
10 REASON:		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/>	Overpayment	Treasury Check		
<input checked="" type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #: <u>15--0030</u>		
<input type="checkbox"/>	No Fee Due (Explanation):			
11 REFUND REQUESTED BY: <u>J. WALLACE</u>				
TYPED/PRINTED NAME:		TITLE: <u>POB</u>		
SIGNATURE: <u>Nonda Wallace</u>		PHONE: <u>305-8736</u>		
OFFICE: _____				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*